

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/517242**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3		2					53					
4		2					54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11		2					61					
12		1					62					
13		1					63					
14		2					64					
15		2					65					
16		2					66					
17		2					67					
18		2					68					
19		2					69					
20		2					70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.	33						TOTAL DEP.					
EXTRA CLAIMS	34						EXTRA CLAIMS					